

## BUSINESS LICENSE APPLICATION Department of Licensing and Collections

NEW APPLICA	TION RENEWAL _	_ CHANGE OF ADDRI	ESS, BUSINESS NAME	: OR OWNERSHIP	
BUSINESS INFORMATION					
Business Name:	Business Name:		Business Phone:		
			Square Footage:		
	Under Construction:  Yes No				
Business Type: Corporation LLP / LLC Sole Proprietor Non-Profit   Home Based: Yes No					
Illinois Sales Tax ID: _	ID: FEIN:				
Waukegan Start Date: Month: Year: Website:					
No. of Vending Machines: No. of Amusement Devices: No. Video Gambling Devices:					
Will there be sale of Tobacco Products?  Yes  No   Will there be sale of Liquor?  Yes  No					
OWNER INFORMATION / RESPONSIBLE PARTY					
Owner Name and Title	:				
Owner Address:		Cit	y: St	ate: Zip:	
Owner Address:					
Contact Name and Title (other than owner):					
Contact Phone:Contact E-mail:					
PROPERTY OWNER INFORMATION					
Property Owner Name:		Co	Contact Name:		
Owner Address:(		ty: State: Zip:			
Phone Number:	City:State:Zip: E-mail:				
The signatory below certifies that to the best of his/her knowledge all the foregoing information is true and correct as provided.					
Applicant Name		Applicant Signature		Date	
<b>NOTE:</b> A \$25.00 non-refundable application fee is required. All signs require a permit. Please contact the Building					
Department, 847-625-6868. All businesses selling food must contact the County Health Department, 847-377-8020.					
FOR OFFICE USE ONLY					
Date Received:			Account Number:		
Date Pickup Up:			License Number:		
REVIEWED BY:	APPROVED	DENIED	DATE	INITIALS	
Planning & Zoning					
Building					
Fire					